

Employment Preferences

BUSINESS SERVICE OFFICER I (SUPERVISOR)

10a499-00104722-003ema

This recruitment is for the following:

10a499-00104722-003ema BUSINESS SERVICES OFFICER I (SUPERVISOR)

Last Name

First Name

DOB Month

DOB Day:

Last four digits of SSN or other ID

First three letters of last name at birth

Email Address (if willing to accept email communication)

☐ Check here if this is a new email address

Mailing Address

City

State

Zip Code

☐ Check here if this is a new mailing address

Only provide the following phone numbers if it is acceptable to call

Home Phone

Work Phone

Alternate Phone

Please complete the following employment preference information:

Check all Departments you do not wish to work for:

Select	Department
	Department of Health Care Services
	Department of Public Health

You may pick only one of the following locations.

Select	Location
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Please select at least one item from each column to indicate conditions of employment your willing to accept:

Permanent Full-time

Additional Options:

If you are currently eligible and wish to become inactive for this recruitment, please check here

If you have previously inactivated yourself for this recruitment and would like to reactivate your application, please check here

If you have never been eligible, and wish to withdraw from this recruitment, please check here

Signature: _____ Date: _____